FIA-1188, ASSIGNMENT OF SUPPORT PAYMENTS

	•	ASSIGNMENT OF SUPPORT PAYI Michigan Department of Social Serv	MENTS rices	FAC	MIR	HE
IV	ISTRUCTIONS: AP workers must g	ive this form to each applicant/recipient when chi	ld support is c	ordered or i	s being purs	ued.
	Г	۱ ٦	Case Name			
			Case Number			
	i		County C	Xistrict	Unit	Worker
	<b>L</b>		Date		Other ID (as re	Quired)
		Department of Social Services the court ordered su s means that the Friend of the Court will send the	pport payme			
If	and the separation of the	her the effective date of ADC names.				
	The effective date of ADC paymen	nts for your case is				
	You will be notified by separate le	stier of the effective date of ADC payments for	OUT Case.			
		ESE INSTRUCTIONS FOR RETURNIN		RT PAYI	MENTS	
•	If possible, return the uncashed support check. Endorse it to the county Department of Social Services and sign it on the back of the check.					
•	If you have already cashed the support check, you may repay the Department by personal check, money order, or cash. When doing so, please include the name of the absent parent who paid the support.					
•	If you pay in cash, please pay in person at the county Social Services office. Do not send cash in the mail.					
•	Uncashed support checks, personal checks, and money orders may be sent by mail. Please mail the repayment to the county Department of Social Services office, to the attention of the Accounting Unit.					
gran	Friend of the Court will notify the De- nent effective date. If these payment t, if possible. If it is not possible to tr paid as a result. A sanction for non-	partment of Social Services of support payments is are not returned, they will be treated as other it eat the payments as income, the Department may cooperation may also be applied. This sanction withird party payee to handle your grant for you.	ncome and d	educted fro	om your AD	C
		RIGHT TO A HEARING				
You must Servi	may request a hearing if you believe a be in writing and signed by you or a pe ices office.	any action of the Department is incorrect, improperson acting for you. Send the request for a hearing	er, or illegal. g to your cour	. A request nty Departm	t for a hearin nent of Socia	ıg ai
FO	YOU DO NOT UNDERSTAND THE IN- RMATION IN THIS LETTER, PLEASE NTACT ME IMMEDIATELY.	Worker's Signature	Telephone Nu	Imber		]

The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.

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